

Fax this form to HQMC, Casualty Branch (MRC) upon completion of Funeral Honors. Fax: (703) 784-9823 POC for questions is GySgt Warford @ 1-866-826-3628 or DSN 378-9524.

Deceased Marine's Information	UNIT MFH	POC:			
Name:	SSN: Rank:				
Unit Assigned: City	State Cemetery: National		RUC/MCC:	JC/MCC:	
Date of Burial:			State Pr	State Private	
Funeral Honors Performed					
Elements Provided	Military	VSO			
{Check Appropriate Boxes}			Authorize Provider	d Declined	
			TTOVIGET		
Flag Presentation:					
Taps Bugler:					
Taps Recording:					
Taps Not Provided:					
Firing Party:					
Pall Bearers:					
Tall Beaters.					
Chaplain:					
Fly Over:					
Additional Elements *:					
* {Color Guard, Drill Unit, Caisson, etc.}					
Number of Military Members:					
USMC: USMCR:	Navy:	1	Army:		
National Guard: Air Force:	Coast Guard:				
Number of VSO Detail Members:					
American Legion: Veterans of Foreig	gn Wars:	Vietnam	Veterans of Ameri	ca:	
AMVETS: Fleet Reserve:		Marine (Marine Corps League:		
Number of Other Authorized Provider Detail Med	mbers:				
ROTC: Contract Bugler:	Other	(Retirees, o	etc.):		
<u>Time For Detail</u> to accomplish funeral honors (r {Detail as a unit, NOT sum of all unit member h		st hour): _			